

Membership Application Form



I wish to support the Alaskan Malamute HELP League by becoming a member:

Membership Options:



Select your choices:

Personal information

Name:

Street address:

City/Town:

Prov./State:

Country:

PostalCode/Zip:

telephone:

email:

dogs in my kennel/household:

Please make cheques payable to: "Alaskan Malamute HELP League"

mail to:



AMHL Membership Coordinator

c/o Pat Walker

P. O. Box 171, Cold Lake, Alberta

Canada T9M 1P1